



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90032 024 \*\*\*\*70.00

<b>DOCUMENT # N03000010342</b> 1. Entity Name <b>THE PRAYER PALACE, INC.</b>					
Principal Place of Business <b>420 36TH STREET NE</b> <b>BRADENTON, FL 34208 US</b>				Mailing Address <b>420 36TH STREET N.E.</b> <b>BRADENTON, FL 34208 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc. <b>1011 7th Avenue E.</b>		3. Mailing Address  Suite, Apt. #, etc. 			
City & State <b>Bradenton, FL</b>		City & State 		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>34208</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MARQUARDT, EMIL C JR.</b> <b>625 COURT STREET</b> <b>SUITE 200</b> <b>CLEARWATER, FL 33756</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELNICHUK, PAUL REV. <input type="checkbox"/> Delete 420 36TH STREET N.E. BRADENTON, FL 34208			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MELNICHUK, KATHERINE M REV. <input checked="" type="checkbox"/> Delete 420 36TH STREET N.E. BRADENTON, FL 34208			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOFORTH, C W BISHOP <input type="checkbox"/> Delete 9925 ULMERTON ROAD #126 LARGO, FL 33771			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COULTER, JOE REV. <input type="checkbox"/> Delete 3775 OAK FOREST DRIVE MEMPHIS, TN 38135			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Werner, Arthur Col. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2797 Renatta Dr. Belleair Bluffs, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Melnichuk, Thomas Rev. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 219 North 18th Street W Bradenton, FL 34205
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <b>Rev. Thomas Melnichuk</b> <b>FEB 07/06</b> <b>416.708.1011</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					